## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

· .	· ·	
The C/OH INSTRUCTION	N Guide explains how to complete. 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
1	MS/MRS/MR FIRST MI	
OFFICEHOLDER NAME	MS/MRS/MR) FIRST MI	OFFICE USE ONLY
NAWIE	NICKNAME LAST SUFFIX	Date Received
	Williams	
4 CANDIDATE / OFFICEHOLDER	ADDRESS FO BOX: APT / SUITE #; CITY; STATE; ZIP CODE	RECEIVED A
MAILING ADDRESS	53401 Houston Tex577052	Date Hand-delivered of party gostmarked
Change of Address	AREA CODE PHONE NUMBER EXTENSION	SECRETARY ST
5 CANDIDATE  OFFICEHOLDER  PHONE	AREA CODE PROME NUMBER	Receipt Amount
6 CAMPAIGN	MS/MRS/MR, FIRST MI	Date Processed
TREASURER NAME	NICKNAME LAST SUFFIX	Date Imaged
	Williams	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:CITY; STATE;	ZIP CODE
TREASURER		
ADDRESS (Residence or business)	3514 Desoto Houtx 770	52
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	* A *
. PHONE /		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Rth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year Month Day	Year ·
COVERED	March 1/ 2004 THROUGH April/11	100P
11 ELECTION	ELECTION DATE ELECTION TYPE	
TH ELECTION	Month Day Year	
	Nov 2005 Primary Runoff 4	General Special
12 OFFICE	OFFICE HELD (If any)  NO 17 E  13. OFFICE SOUGHT (If know)	I AH I a a
44 NOTIOE		unci il carje
14 NOTICE OF DIRECT CAMPAIGN	<ul> <li>Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the direction.</li> </ul>	didate's prior consent or approval. ect campaign expenditure.
EXPENDITURE	Name	
BY OTHER INDIVIDUALS	Wone	
* .	Address / PO Box: Apt. / Suite #: City. State: ZIP Code	
additional pages		
	GO TO PAGE 2	
		·

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

		<u> </u>	
15 C/OH NAME		1 / 164	ACCOUNT # (Ethics Commission filers)
	true l	O'lliams (Sleve Williams)	
17 NOTICE	. This how is for an	lice of political expenditures by political committees to support the pandidate of	officeholder. These expenditures
FROM POLITICAL	may have been made this information only	without the candidate's ar officeholder's knowledge or consent. Candidates at f they receive notice of such expenditures.	nd officeholders are required to report
COMMITTEE(S)		COMMITTEE NAME	
	COMMITTEE TYPE	COMMITTEE NAME	
		/(`\ /	A 0
,	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ADDAESS	1.1
	5, 20, 10		
·			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME V	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
·			
18 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	PLEDG	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	( )
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	,		
EXPENDITURE	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	
TOTALS			(\$ (\)
	4. TOTAL	POLITICAL EXPENDITURES	
	7. 1012		\$
			<u> </u>
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$
BALANOL	. 01 1121	on more and a second of the se	<b> </b> *
OUTSTANDING	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	
LOANTOTALS		AY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			,
		I swear, or affirm, under penalty of perju	ry, that the accompanying report
		is true and correct and includes all inform	nation required to be reported by
		me under Title 15, Election Code.	
			011
		Tene W	Ulliams
		Signature of Candidate	e or Officeholder
AFFIX NOTARY STAM		•	· · · <b>,</b>
	had hafaa	the said Steve Williams 1	his the
of yours	20 <u>6 6 ,</u> to ce	tify which, witness my hand and seal of officer	
Consi	Cussel	ANNA RUSSELL	103
Signature of officer at	dministering oath	Printed name of the parties of the Commission FED. 1/E/	officer administering oath

î.	•								
Tex	as Ethics Com	mission	P.O. Box	12070 .	Austin,	Texas 78711-207	0 (512) 463	3-5800	1-800-325-850
		CAL CON THAN P			DANS	S	•	SCH	EDULE A
	The Instruction	Guide explains	how to comp	olete this form.		•	1 Total pages Sche	dule A:	1.7
2	FILER NAME						3 ACCOUNT # (Ett	nics Commission (	liters)
4	Date	5 Full name o	<u>.</u>	out-of-state i	·		7 Amount of contribution (\$)	. •	d contribution on (if applicable)
	٠.	6 Contributor		) Dr	ip Code		0		)
9	Principal occu	pation / Job title (	See Instruction	ns)		10 Émployer (See In	structions)		
	<b>Date</b>	Full name of Contributor	f continutor	Out of state	PAC (ID#:		Amount of contribution (\$)		d contribution on (if appticable)
	Principal occu	pation / Job title (	See Instruction	ns)		Employer (See In	structions)		
	Date	Full name of	f contributor	Out-of-state	PAC (ID#:		Amount of contribution (\$)		d contribution on (if applicable) \
	Principal occu	pation / Job title	(See Instructio	ns)		Employer (See Ir	estructions)		
	Date	Full name of	of contributor	out-of-state	PAC (ID#:_	V	Amount of contribution (\$)		d contribution ion (if applicable)
	Principal occu	pation / Job title (	See Instruction	ns)		Employer (See Ir	nstructions)		
	Date	Full name of	of contributor	out-of-state	PAC (ID#:	2	Amount of contribution (\$)		id contribution ion (if applicable)
-	Principal occu	pation / Job title (	See Instruction	ns)		Employer (See li	nstructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. P.O. Box 12070

	PLEDGE	D CONTRIBUTIONS		SCHEDULE B
				<del>-</del>
	The Instruction	N Guide explains how to complete this form.	1 Total pages Schedul	е В:
2	FILER NAME	₹ · •	3 ACCOUNT # (Ethics	Commission filers)
4	TOTA	AL OF UNITEMIZED PLEDGES: ⇔ ⇔ ⇔	<del></del>	\$
5	Date	6 Full name of pledgorout-of-state PAC (ID#:	8 Amount of 9 pledge (\$)	In-kind description (if applicable)
		7 Pledgor address: City: State: Zip Code	0	0
10	Principal occup	pation / Job title (See Instructions) 11 Employer (S	ee Instructions)	
	Date	Full name of pledgor Out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
,		Pledgor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)	
	Date	Full name of piedgor	Amount of pledge (\$)	In-kind description (if applicable)
	Principal occur	pation / Job title (See Instructions)  Employer (S	lee Instructions)	
	Datc	Full name of pledger out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; Oity: State; Zip Code		
	Principal occur	pation / Job title (See Instructions) Employer (S	ee Instructions)	
	Date .	Full name of pledgorout-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
	Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)	
	If conti	ATTACH ADDITIONAL COPIES OF THIS FO		g requirements.

LOANS		•		SCHEDULE E
The Instruction Guil	DE explains how to complete this form.		1 Total pages Sche	dule E:
2 FILER NAME			3 ACCOUNT # (Ett	lics Commission filers)
<b>4</b> TOT∧	L OF UNITEMIZED LOANS:	a a a a	ව ව	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	· ·	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lenderaddress; City; State;	ZinCode Code	<u></u>	10 Interest rate
Y N	- Lob Attle (Con Instructions)	13 Employer (See Ir	neteralions)	11 Maturity date
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See In	istructions)	
14 Description of Collat	eral			
15 GUARANTOR INFORMATION	16 Name of guarantor	<u>n</u> )		18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State;	tip dode O	<i></i> ,	$\bigcirc$
19 Principal Occupation		20 Employer		
Date of loan	Name of lender	Out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	<i>)</i>	Interest rate
Y N	:	100		Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instruct	tions)	
Description of Collate	eral	•		
GUARANTOR INFORMATION	Name of guarantor	^ \ \	.0/	Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code	γ.Ο	0
Principal Occupation		Employer		
lf lender is	ATTACH ADDITIONAL COI out-of-state PAC, please see instru			quirements.

	POLITIO	CAL EXPENDITURES		SCHEDULE F	
	The Instruction	Guide explains how to complete this form.	,	1 Total pages	Schedule F:
2	FILER NAME	SUP Williams		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name			7 Amount (\$)
		6 Payee address; City; State; Zip Code	)on	9	Ö
8	Purpose of pay required.)	ment (See instructions regarding type of information	9 Com Candidate / Offic	plete if direct expenditure seholder name	lo benefit C/OH •• Office sought Office held
	Date	Payee name			Amount
					(\$)
		Payee address; City; State; Zip Conje	Jon	9	0
		ment (See instructions regarding type of information		plete if direct expenditure	
	required.)		Candidate / Office	eholder name	Office sought Office held
	Date	Payee name			Amount
		Payee address; City; State; Zip Code	$N \sigma$		(\$)
	Purpose of pay required.)	ment (See instructions regarding type of information	⊷ Com Candidate / Offic	plete if direct expenditure seholder name	to benefit C/OH •• Office sought Office held
	Date	Payee name Payee address; City; State; Zip Code	V)6	no	Amount (S)
	Purpose of pay required.)	reant (See instructions regarding type of information	Com Candidate / Offic	plete if direct expenditure ceholder name	to benefit C/OH •• Office sought .Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FOR	M AS NEEDED	

	CAL EXPENDITURES FROM PERSONAL FUNDS	SCHEDULE G
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAM	Steve William Stene William	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information	from political contributions
Date	Payee name	intended  Amount (\$)
	Payee address; City; State; Zip Code	0
	Purpose of expenditure (See instructions regarding type of information in	Reimbursement from political contributions intended
. Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payce address; City; State; Zip Code	ne 0
	Purpose of expenditure (See instructions regarding type of information	required.)  Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information	required.)  Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED

		NT FROM POLITICAL CONTI JSINESS OF C/OH	RIBUTIONS	SCHEDULE H
	The Instruction	Guide explains how to complete this form.	1 Total pages :	Schedule H:
2	FILER NAME		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Business name		7 Amount (\$)
		6 Business address; City; State; Zip Code		0
8	Purpose of payr required.)	nent (See instructions regarding type of information	9 ·· Complete if direct expendit Candidate / Officeholder name	ture to benefit C/OH ++ Office sought Office held
	Date	Business name		Amount (\$)
		Business address; City; State; Zip Code	no	0
	Purpose of payr required.)	nent (See instructions regarding type of information	Complete if direct expendit Candidate / Officeholder name	ture to benefit C/OH •• Office sought Office held
	Date	Business name  Business address; City; State; Zip Code	)one	Amount (\$)
	Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if direct expendi Candidate / Officeholder name	fure to benefit C/OH •• Office sought Office held
-	Date	Business name  Business address; City; State; Zip Gode	Jone	Amount (\$)
	Purpose of pay required.)	rnent (See instructions regarding type of information	•• Complete if direct expendi , Candidate / Officeholder name	iture to benefit C/OH •• Office sought Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

2 FILER NAME	Guide explains how to complete this form.		
<u>,</u>	<u> </u>		
4 Date	}	3 ACCOUNT # (EIN	ics Commission filers)
	5 Payee name		8 Amount (\$)
	6 Payee address; City: State; Zip Code		
	N		$\wedge$
	7 Purpose of expenditure (See instructions regarding type of information fer	quired.)	U
Date	Payee name		Amount (\$)
	Payee address: City: State: Zip Code		<b>6</b>
	Purpose of expenditure (See Instructions regarding typoof into mail on re	(Var)	
Date	Payee name A I		Amount (\$)
	Payee address: City; State; Zip Code	9/	
	Purpose of expenditure (See instructions regarding type of information re	quired.)	
			U
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code	_ /	_
	Purpose of expenditure (See instructions regarding type of information re	quirea.)	
	V V		Amount
Date	Payee name  Payee address; City: State; Zip Code		(\$)
	N) Pn	2	
	Purpose of expenditure (See instructions regarding type of information re	quired.)	

	CREDIT	S (optional)	SCHEDULE K
		!	
	The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedute K:
2	FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4	Date	5 Payor name	8 Amount (\$)
-		6 Payor address; City; State; Zip Code !	
		7 Reason for credit	
	<u> </u>		
	Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
		, ()	
		Reason for credit	
	Date	Payor name	Amount (\$)
		Payor address; City; State; Zip Code	
		Reason for credit	
	Date	Payor name	Amount (\$)
		Payor address; City, State; Zip Code	
		Reason for credit	
	Date	Payor name	Amount (\$)
		Payor address; City; State; Zip Code	
		Reason for credit	
			- A.C. NEEDED
		ATTACH ADDITIONAL COPIES OF THIS FORM	W V2 NEEDED

## CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	DES	IGNATION OF FINAL	REPORT		,
	The Ins	struction Guide explains how to plete only if "Report Type" on pa	complete this form. age 1 is marked "Final	`Report" ••	
1	C/OH N	AME	,	2	ACCOUNT # (Ethics Commission filere)
			•		
3	SIGNA	TURE	-	<u></u>	
			· .		
	a reod	of expect any further political contributions o int as a final report terminates my campa nutions or make any campaign expenditures	ign treasurer appoiπtment. I	also understand that I m	I understand that designating hay not accept any campaign
					$\sim 10^{-10}$
				Hene	Will Signer
				Signature of Ca	ndidate / Officeholder
4		WHO IS NOT AN OFFICEHOLD			
	Com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
	Α.	CAMPAIGN FUNDS	·		
	Check	conly one:	· ·		
		do not have unexpended contributions or	unexpended interest or incor	ne earned from political co	ntributions.
		I have unexpended contributions or unexpended political contributions also understand that I must file an annual or unexpended interest or income earned understand that I must dispose of unexpecontributions in accordance with the requirements.	or unexpended interest or increport of unexpended contribution political contributions longended political contributions.	come earned on political c itions and that I may not re ger than six years after fill and unexpended interest	ontributions to personal use. I take tain unexpended contributions my this final report. Further, I
		•	. *		
	В.	ASSETS		:	,
	Checi	conly one:			
		do not retain assets purchased with polit	ical contributions or interest of	other income from politic	al contributions.
		I do retain assets purchased with political may not convert assets purchased with puse. I also understand that I must dispose Election Code, § 254.204.	olitical contributions or interes	t or other income from po	litical contributions to personal
				Signatur	e of Candidate
		•		Signatu	o o, canalalio
	OFFIC	EHOLDER	<u> </u>		
-		plete this section <i>only</i> if you are an off	iceholder ••		
		I am aware that I remain subject to filing req am also aware that I will be required to file purchased with political contributions or in	reports of unexpended contrib	utions if, at the time I cease	a campaign treasurer on file. I e holding office, I retain assets
				THUR!	A A A A A A A A A A A A A A A A A A A
				7 "Signature	e of Officeholder